

Massachusetts Department of Public Health
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Tobacco Control Progress in Massachusetts 1993 to 1995

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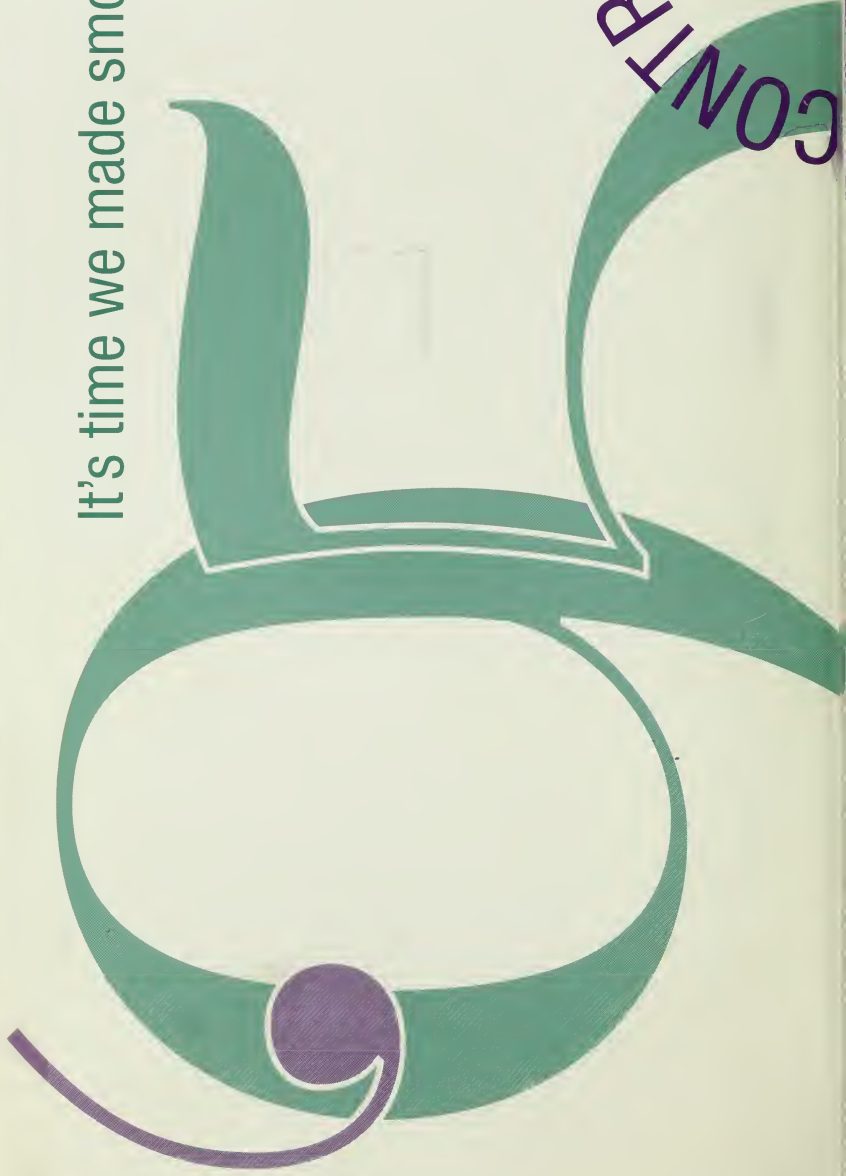
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MASS. H530.2:T55/3/nos.1-3
MASSACHUSETTS TOBACCO

Tobacco Control Progress in Massachusetts 1993 to 1995

It's time we made smoking history!



MASS. HS 30.2: T55/3/no.3

MASSACHUSETTS TOBACCO CONTROL
1995

Reducing the risk: Preventing teen smoking in Massachusetts.

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After an encouraging period of gradual decline in the 1970's and early 1980's, cigarette smoking among teens is rising across the United States.¹ Massachusetts teens are participating in the trend: 36 percent of high school students were smoking in 1995, up from 30 percent in 1993.²

Researchers attribute this alarming trend partly to the massive and effective marketing campaigns of tobacco companies. Despite the fact that mail-order "gear" is supposed to be available to adults only, almost half of the 12 to 17 year-old smokers in Massachusetts reported owning a promotional item distributed by tobacco companies. The availability of cigarettes to young people is another barrier to smoking prevention. Even though most states, like Massachusetts, prohibit the sale of cigarettes to minors, over 75 percent of 8th and 10th graders nationwide say that buying cigarettes is "easy."³

What has Massachusetts done to fight this trend?

Youth activities sponsored by the Massachusetts Tobacco Control Program can be seen all across the state. As you drive by a neighborhood softball game, look twice at the billboards and banners. You might notice that instead of advertising cigarettes, they are announcing, "It's time we made smoking history." An estimated 900,000 young people have attended some 3,000 events where local programs present the tobacco control message.

Because actions speak louder than words, especially to young people, you'll see "no smoking" signs at a growing number of events that teens like to attend. These include events at Fenway Park, Foxboro Stadium, and Fleet Center, homes of the Boston Red Sox, New England Patriots, Boston Celtics and Boston Bruins.

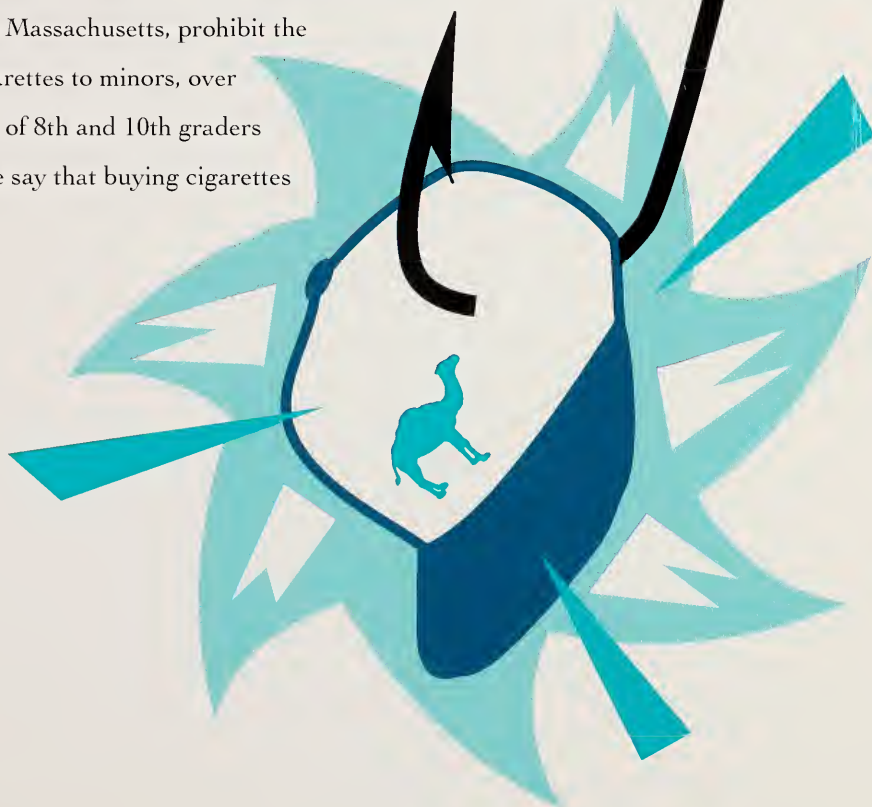
The message is often designed to be tangible and involving. About 65,000 youth have signed a pledge to stay smokefree. They received the Smoke-free Card and an immediate tangible benefit — discounts at over 200 participating retail stores — as well as the potential for better long-term health.

Some teens need help resisting the temptation to start smoking or trying to quit. Over 400 multi-session programs have educated over 6,900 young people in the risks of smoking and in strategies for staying smoke-free. Several schools have initiated programs where students who have been caught smoking can attend education and cessation workshops rather than being suspended.

FREE

Among the most powerful tobacco control messengers are over 1,000 teens who have signed up to work as youth peer leaders. The peer leaders learn about tobacco control and about how to educate other youth. They spread the word through one-on-one informal counseling, through plays and presentations at school events, and by working in grassroots tobacco control campaigns. More than half of the peer leaders represent racial or ethnic minorities, ensuring that the message is delivered broadly through the youth population.

In addition to these grassroots activities, the statewide media campaign has aired spots on TV and radio programs popular with teens. While showing kids how the tobacco companies are encouraging them to smoke, they also illustrate some of the health effects of smoking and encourage policies that limit youth access to tobacco. Reinforcing the media campaign are presentations across the state by public figures with a personal story to tell about tobacco.





The Tobacco Control Program is also mobilizing adults to help keep kids from smoking. The program helps 265 local Boards of Health through 81 funded programs to enact and enforce local ordinances that make it harder for youth to buy tobacco products. Often supported by the youth peer leaders, the Boards have worked for ordinances that restrict cigarette sales from vending machines, limit certain types of advertising and marketing that appeal especially to teens, or require retailers to have permits to sell tobacco products.

With guidelines and training provided by the Tobacco Control Program, local

Boards have also conducted monitoring and enforcement activities:

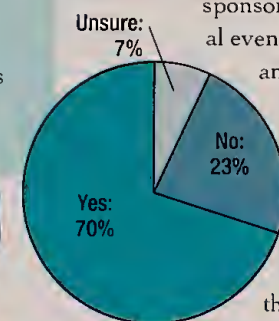
- 18,700 checks have been made on whether stores were displaying signs prohibiting tobacco sales to youth under age 18; checks were done by over 90 percent of the programs;
- 66 of the 81 programs have conducted 11,000 checks in 247 cities and towns in which underage youth attempted to buy cigarettes; and
- over 4,700 checks of compliance with vending machine restrictions have been conducted.

Is the Tobacco Control Program working?

There are three indicators that the program is contributing to progress toward the goal of eliminating teen smoking: support for restrictive policies, improved storekeeper compliance and increased local initiatives to reduce youth access to tobacco.

Support continues for restrictions on marketing tobacco to youth.

The majority of adults surveyed both in 1993 and 1995 said that distributing free samples of cigarettes should not be permitted, and vending machines should be banned. Most felt that tobacco companies should not be allowed to sponsor sporting and cultural events, and that T shirts and other items with cigarette brand logos should be banned. The reason seems clear: 70% of Massachusetts adults believe that the tobacco companies deliberately use advertising and promotional campaigns to get young people to start smoking.



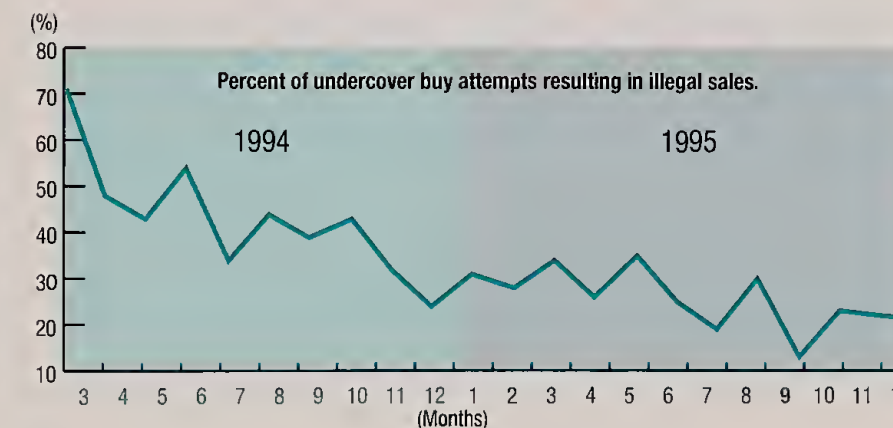
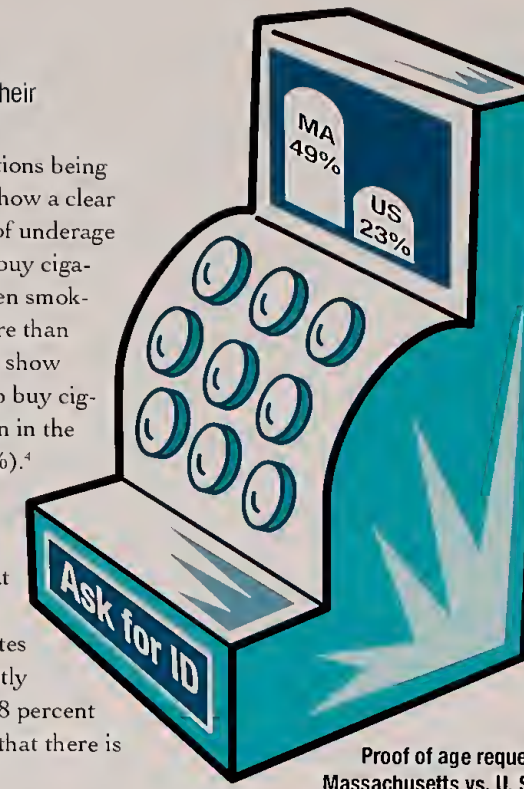
Massachusetts residents are apparently more aware than adults elsewhere of the detrimental effects of tobacco advertising. The 1995 survey asked adults in the state how they felt about the federal government's proposals to restrict tobacco advertising in magazines read by many young people. The majority (63%) supported the proposal to limit tobacco advertising to black and white text only, with no pictures. In contrast, a poll by the Associated Press found that only 40% of adults nationwide held this view.³

Do you think tobacco companies deliberately target youth?

Storekeepers are improving their compliance with the law.

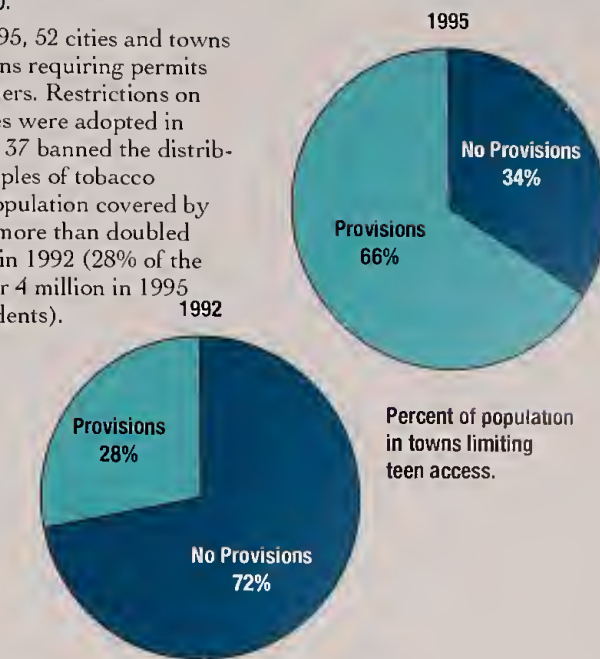
Results of compliance operations being carried out across the state show a clear reduction in the proportion of underage customers who successfully buy cigarettes (see graph below). Teen smokers in Massachusetts are more than twice as likely to be asked to show proof of age when they try to buy cigarettes in Massachusetts than in the U.S. as a whole (49% vs 23%).⁴

The Massachusetts public is aware of this progress. The proportion who reported that "all" or "most" storekeepers are careful not to sell cigarettes to youth increased significantly from 21 percent in 1993 to 28 percent in 1995. It is clear however, that there is still room for improvement.



More and more towns are limiting teen access to tobacco.

From 1993 to 1995, 52 cities and towns adopted provisions requiring permits for tobacco retailers. Restrictions on vending machines were adopted in 66 localities, and 37 banned the distribution of free samples of tobacco products. The population covered by such provisions more than doubled from 1.7 million in 1992 (28% of the residents) to over 4 million in 1995 (66% of the residents).



Even more effort is needed...

In 1995 we surveyed residents' perceptions of the efforts to prevent underage tobacco sales in their localities. Opinions varied somewhat from town to town, but the general response was consistent statewide: 77% of adults

said that it was "very" or "somewhat" easy for kids to buy cigarettes and other tobacco products in their community. Only 30% felt that the level of effort to prevent these sales in their town was satisfactory, while 70% percent felt that more effort was needed.

Public's Perception of prevention efforts

| Percent agreeing that: | Boston | Springfield | Worcester | Lawrence/Lowell | Fall River/New Bedford | State-wide |
|--|--------|-------------|-----------|-----------------|------------------------|------------|
| It's easy for kids to buy tobacco | 83% | 78% | 83% | 74% | 72% | 77% |
| Efforts to prevent underage tobacco sales are satisfactory | 22% | 24% | 20% | 29% | 29% | 30% |

Endnotes

- ¹ Monitoring the Future Study, University of Michigan, 1995.
- ² Shari M. Kessel 1995 Massachusetts Youth Risk Behavior Survey Results. Boston: Massachusetts Department of Education, 1996.
- ³ Antismoking Bid by Clinton Finds Opposition in Poll. Boston Globe, August 11, 1995, page 1.
- ⁴ Office on Smoking and Health, CDC. "Tobacco Use and Usual Source of Cigarettes Among High School Students — United States, 1995" Morbidity and Mortality Weekly Report. 1996;45:413-418.

The Massachusetts Tobacco Survey The Massachusetts Adult Tobacco Survey

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MASSACHUSETTS TOBACCO CONTROL
1995

Making Progress Toward Quitting



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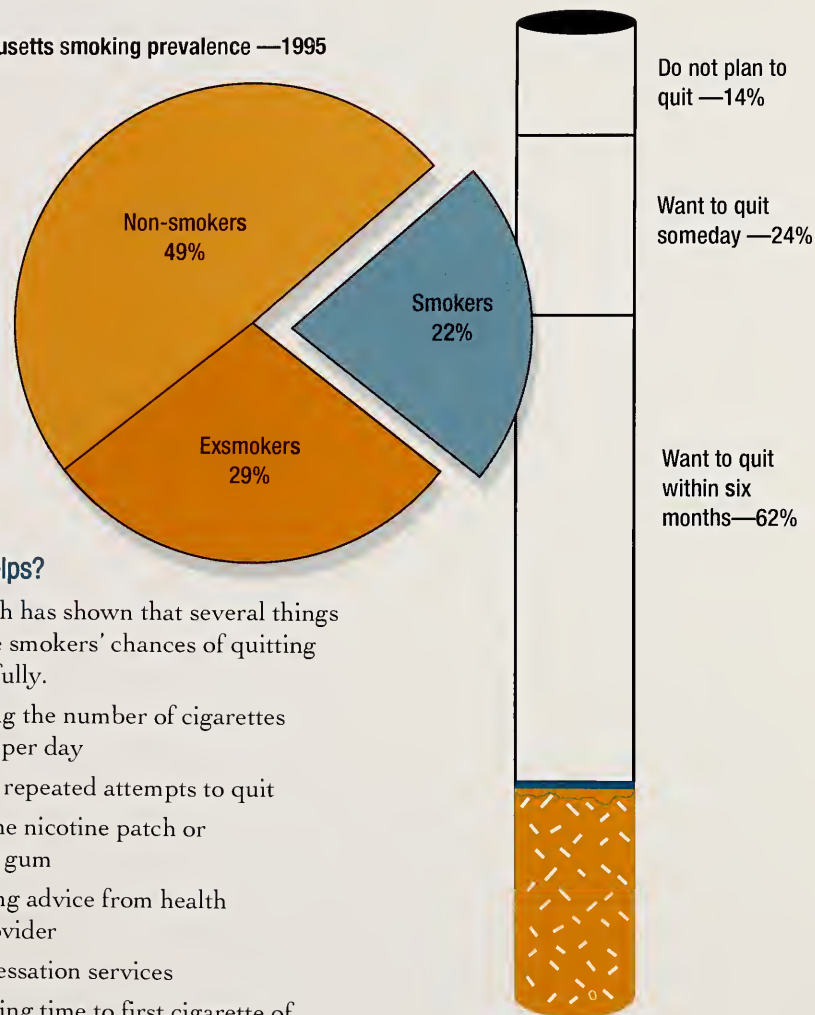
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Cigarette Smoking is a Serious Addiction.

In 1995 21.7 percent of adults in the Commonwealth were smokers. Almost all said they wanted to quit at some time in the future, and 62 percent hoped to quit within six months. Intending to quit, however, is different

from actually doing it. Indeed, most of the smokers had tried to quit in the past, and failed. Seventy-six percent of current smokers say they are physically addicted to cigarettes.

Massachusetts smoking prevalence —1995



What helps?

Research has shown that several things improve smokers' chances of quitting successfully.

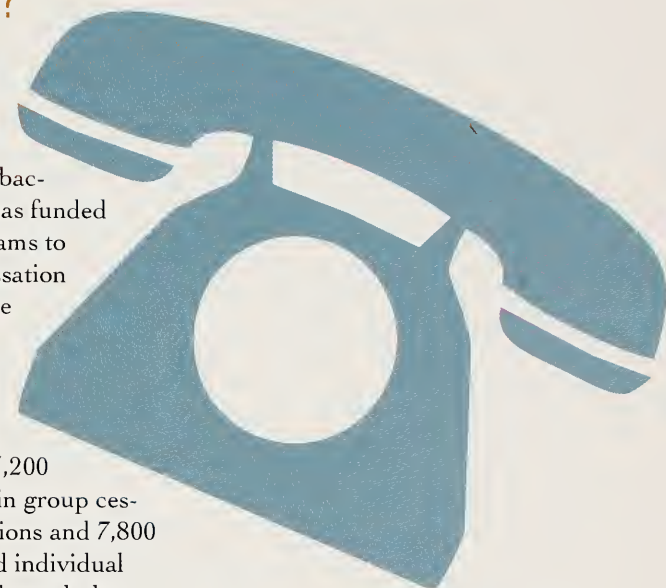
- Reducing the number of cigarettes smoked per day
- Making repeated attempts to quit
- Using the nicotine patch or nicotine gum
- Receiving advice from health care provider
- Using cessation services
- Prolonging time to first cigarette of the day

What has Massachusetts done to help smokers quit?

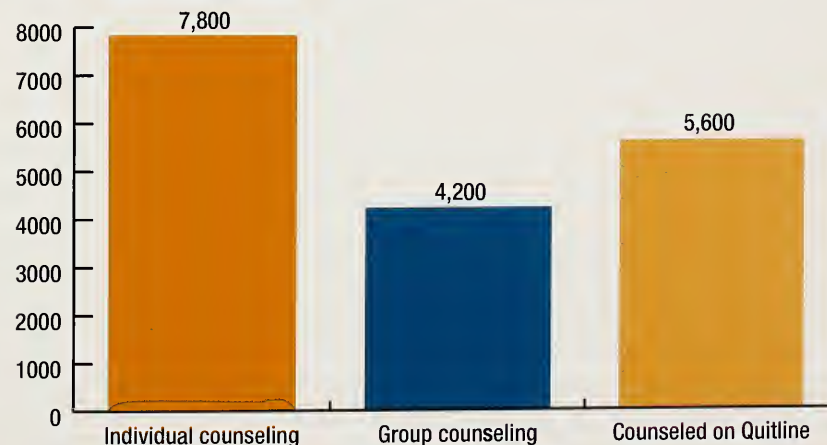
Cessation Counseling

Smokers often need help in quitting, and the Massachusetts Tobacco Control Program has funded numerous local programs to provide that help. Cessation counseling sessions are offered by Boards of Health, health centers, public schools and other community agencies. More than 4,200 smokers participated in group cessation counseling sessions and 7,800 smokers have received individual cessation counseling through these programs in 1994 and 1995. The Smoker's Quitline has counseled 5,600 smokers by telephone during

the two years. An additional 48,000 smokers were referred to other providers for cessation counseling.



Number of smokers receiving cessation services in 1994 and 1995



Ask your Doc!

Because research shows that successful quitting often occurs when a health care provider advises the smoker to quit, the Tobacco Control Program has worked to strengthen this link in Massachusetts. The campaign uses mass media advertising to motivate smokers to consult their doctors. At the same time, it helps health providers give appropriate advice and assistance.

Training has been provided to physicians, dentists, obstetricians, and other health care professionals. Over 4,100 educational packets were mailed to physicians in the spring of 1995; a survey of 6,000 dentists and other providers in the fall yielded 1,500 further requests for materials. The kits included booklets for providers and self-help guides for patients who smoke.

The Tobacco Control Program has also worked to make cessation services more financially available to smokers, by urging health maintenance organizations to include smoking cessation among the services covered and to offer discounted group policies to employers with smoke-free worksites.

You are 2 months old. Your lungs are this tiny. You spend day after day around second-hand cigarette smoke. You breathe it in. You cough. You hack. You wheeze. Your lungs clog up with sticky fluid and thick mucous. You get bronchitis. Or pneumonia. If you have asthma,

it will likely get worse. Altogether, up to 300,000 babies end up getting sick every year. 15,000 of them could end up hospitalized. Simply from being exposed to cigarette smoke. It's time we made smoking history. A message from The Massachusetts Department of Public Health.

Media Motivators

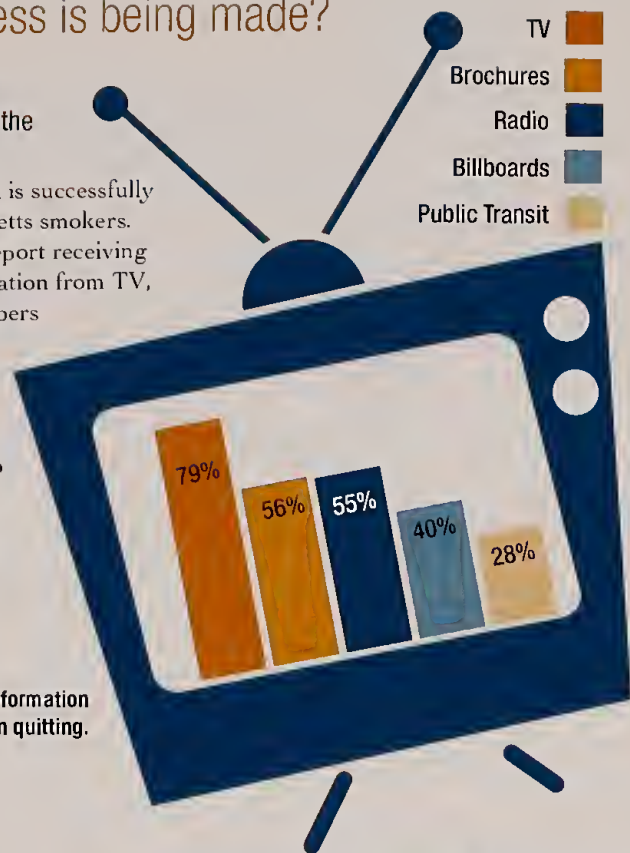
A statewide media campaign is designed to motivate smokers by reminding them of reasons to quit. For example, one newspaper ad shows words on a page which make the shape of a small pair of lungs. Reading the words, one learns about the effects of smoking on a baby's lungs and health. Smokers are encouraged to quit for their children's health.

What progress is being made?

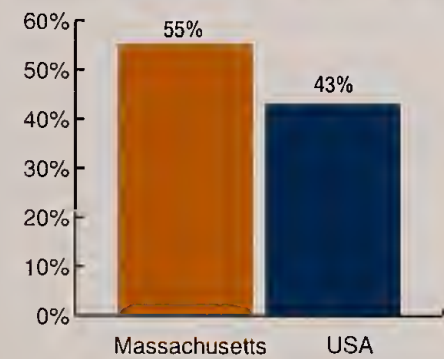
Smokers are getting the media message.

The media campaign is successfully reaching Massachusetts smokers. Large proportions report receiving quit smoking information from TV, and substantial numbers received information from the radio, billboards, public transportation and brochures. Sixty-two percent of them said that the information was "very" or "somewhat" helpful.

Sources of information on quitting.



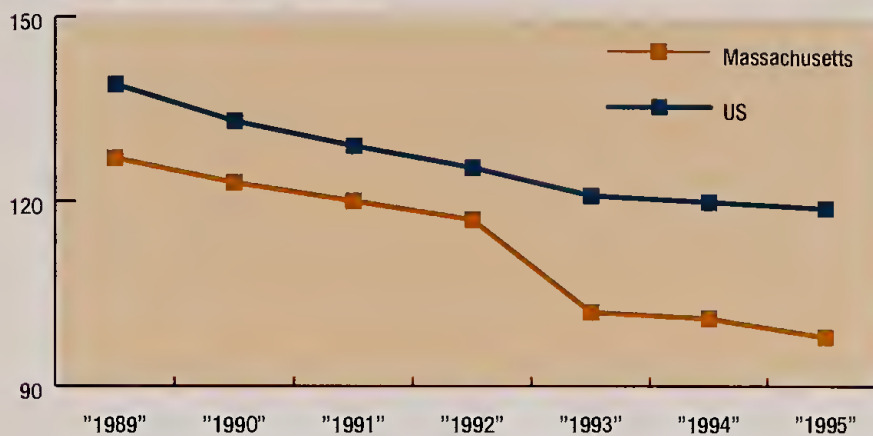
Percent of smokers receiving MD advice to quit



More doctors are advising their patients to quit.

In 1993, only 47 percent of Massachusetts smokers who had seen their health care provider in the previous year said they were advised to quit smoking during that visit. In 1995, 55 percent of smokers reported that their doctor had advised them to quit. Massachusetts doctors are doing much better than doctors elsewhere. A national survey in the spring of 1996¹ indicated that only 43 percent of smokers in the United States received advice to quit during a doctor visit in the previous year.

Per capita packs of cigarettes purchased



Cigarette sales are down.

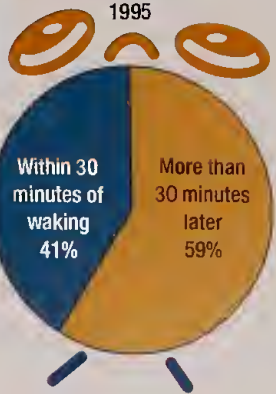
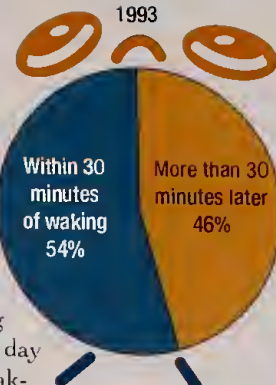
Cigarette purchases in Massachusetts have declined sharply since the 1992 vote that increased the tax on cigarettes. Purchases in 1992 amounted to 117 packs per Massachusetts resident aged 18 or older. By 1995, purchases fell to 98 packs per person. This 16 percent drop is more than triple the 5 percent decline in the rest of the nation during the same period.² That drop can

Fewer pregnant women are smoking.

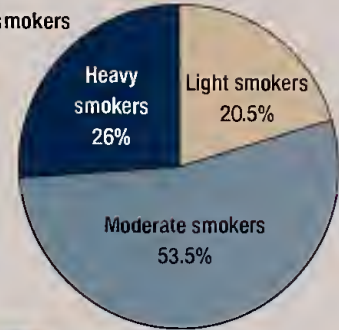
Pregnant women are getting the message that smoking poses serious risks for their babies. In 1995 the rate of smoking during pregnancy among women in the Perinatal Primary Care Program was down by 1.3 percentage points, from 21.3 in 1994 to 20% 1995.

Smokers are waiting longer to light up.

Significantly fewer smokers are highly dependent on cigarettes in 1995 as compared to 1993. Smoking the first cigarette of the day within 30 minutes of waking is a sign of addiction — the smoker is trying to restore the nicotine level in the blood which has decreased during sleep. Waiting until later to smoke indicates less dependence on nicotine.

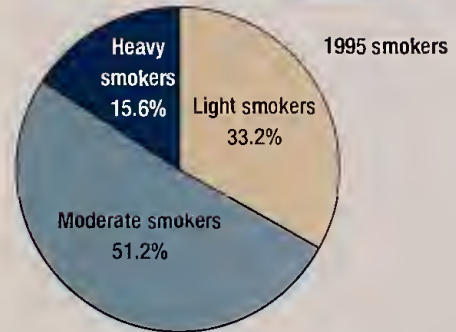


1993 smokers



Smokers are cutting down.

Smokers are smoking significantly fewer cigarettes each day. The average smoker in the 1995 survey reported smoking 20 cigarettes per day, compared to 16 per day in the 1993 survey. The number of light smokers (those who smoke fewer than 10 cigarettes a day) has increased and the number of heavy smokers (more than a pack a day) has decreased, an important indication of progress towards quitting.



There is more to be done.

Over 900,000 Massachusetts smokers want to quit smoking, but smoking cessation is a long and difficult process. Sustained support and encouragement are important. The Massachusetts Tobacco Control Program will be continuing the effort to "...make smoking history."

Endnotes

¹ Survey of Health Practices. Center for Survey Research, May 1996.

² Tobacco Institute. Per capita figures are based on the population of persons aged 18 and older.

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Clearing The Air In Massachusetts: Controlling Environmental Tobacco Smoke

MASSACHUSETTS TOBACCO CONTROL
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Good News

The good news is that Massachusetts researchers have found that restrictive smoking policies in homes and workplaces are effective in reducing nonsmokers' exposure to second-hand smoke.⁶ This evidence has reinforced the push for more restrictions on when and where smoking is permitted.

Bad News

The bad news is that chronic exposure to second-hand tobacco smoke is a serious health risk. The U.S. Environmental Protection Agency has established that breathing second-hand smoke increases non-smokers' risk of lung cancer.¹ Studies on the impact of second-hand smoke on infants and children have linked exposure in the home with chronic ear infections, poor lung function, asthma, sudden infant death syndrome and other childhood illnesses.²⁻⁴ Restaurant and bar workers, whose jobs often entail continuous exposure to second-hand smoke, have been found to be at higher risk for lung cancer than comparable workers in other jobs.⁵



Clearing the air in Massachusetts

What has been done?

The Massachusetts Tobacco Control Program has been working to make the air cleaner in the Commonwealth. Over 3,200 worksites in Massachusetts have been contacted or have requested assistance. Nearly 350 worksites with over 54,000 employees have implemented new tobacco control policies.

A key resource in this effort is the *Guide to Workplace Tobacco Control*. This 90-page book developed by the Tobacco-Free Worksite Initiative (TFWI) provides step-by-step guidance to companies as they implement tobacco-free policies. Along with Boards of Health, the TFWI provides information and assistance to employers in establishing worksite smoking restrictions.

The campaign for clean air extends beyond the workplace. The Tobacco Control Program has worked to limit exposure in a wide variety of public places. For example, smoking in municipal buildings, restaurants, and other public locations can be regulated by local ordinances. Local Boards of Health and Tobacco Control Coalitions, with funding and technical assistance from the Tobacco Control Program, have promoted such ordinances. They have aided grassroots campaigns, helped draft ordinances, and educated public officials.

A Community Assistance Statewide Team was formed to provide support to local communities as they limit

tobacco use. The team includes two attorneys who review local ordinances and regulations to help communities identify policies that meet their particular needs, such as clean indoor air regulations.

Controlling exposure to environmental tobacco smoke is not just a matter of rules and regulations, but also of public understanding. The media campaign has made Massachusetts residents aware of the effects of second-hand smoke and has bolstered public support for local ordinances restricting public smoking.

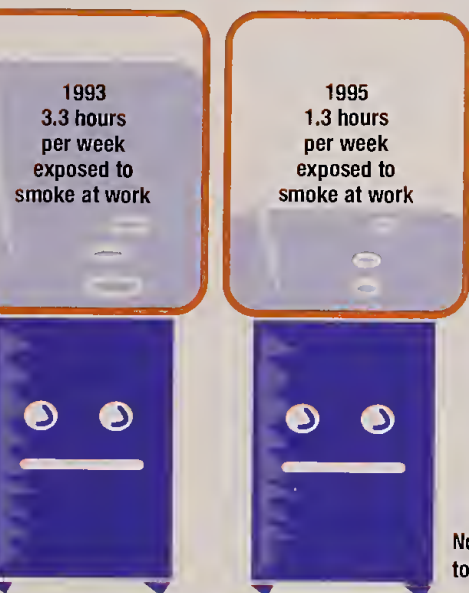
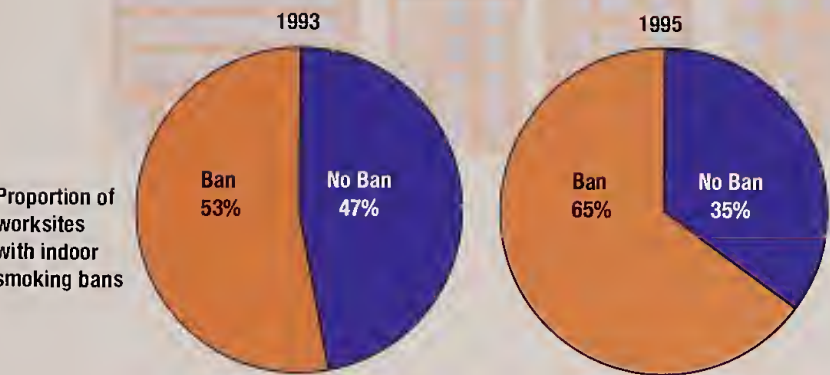
Local Boards of Health have also gotten out the word about environmental tobacco smoke. Collectively they have sponsored or participated in over 5,200 community events where they presented information on the risks and the need for action. The events range from public hearings on ordinances, to presentations to school groups, to "hand-out" tables at county fairs. The Boards estimate a total attendance across all events exceeding 2.5 million persons.

Young people have been participating in grassroots efforts and have themselves been trained in the issues of environmental tobacco smoke. One training effort is titled, Youth Working Toward Tobacco-Free Communities. As they learn through role play and interactive discussion, teens apply their skills and knowledge to a mock public hearing for tobacco control.

Is the Tobacco Control Program working?

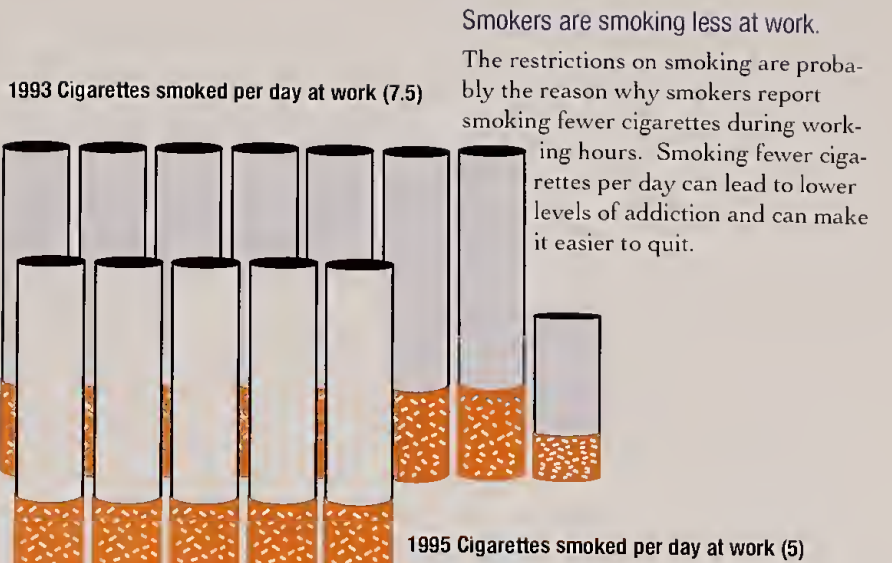
The smoke is clearing in Massachusetts worksites.

The proportion of workers reporting that smoking is banned at their workplace increased significantly from 1993 to 1995.



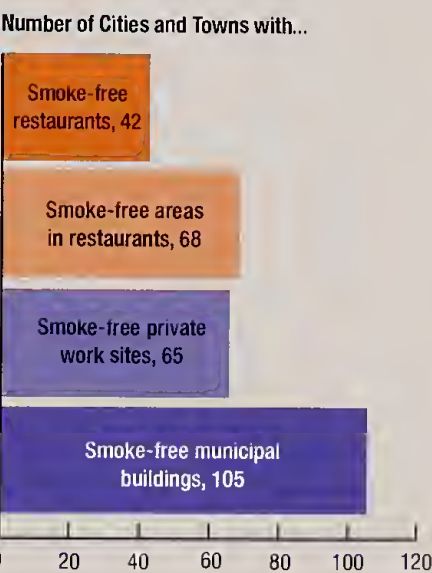
Smoking restrictions mean fewer hours of exposure in the workplace. Non-smokers reported significantly fewer hours of exposure to tobacco smoke at work in 1995 than 1993.

Non-smokers' hours of exposure to second-hand smoke at work

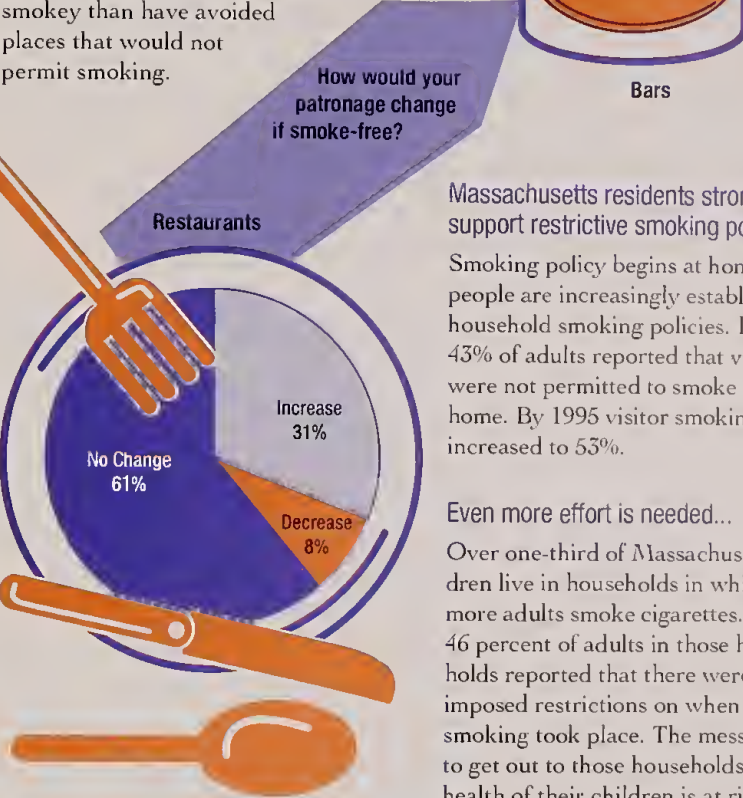


Smokers are smoking less at work. The restrictions on smoking are probably the reason why smokers report smoking fewer cigarettes during working hours. Smoking fewer cigarettes per day can lead to lower levels of addiction and can make it easier to quit.

Cities and towns are taking action to restrict smoking in public places. Since 1993, 91 cities and towns enacted ordinances restricting smoking in public places. The number of Massachusetts residents covered by these ordinances expanded from 1.5 million at the end of 1992 to 4.1 million by the end of 1995. At the end of 1995, many cities and towns had ordinances limiting smoking in restaurants, either through a requirement for smoke-free areas or a complete ban. Ordinances also restricted smoking in municipal buildings.



Impact of smoking bans on patronage of restaurants and bars. Evidence from the 1995 survey suggests that formal restrictions will not create economic hardships for establishments such as restaurants and bars. In fact, more people said that they would increase their patronage rather than decrease it if bars and restaurants in their area went smoke-free. This is consistent with survey results that show that many more people have avoided going to places that were too smokey than have avoided places that would not permit smoking.



Massachusetts residents strongly support restrictive smoking policies. Smoking policy begins at home, and people are increasingly establishing household smoking policies. In 1993, 43% of adults reported that visitors were not permitted to smoke in their home. By 1995 visitor smoking bans increased to 53%.

Even more effort is needed... Over one-third of Massachusetts children live in households in which one or more adults smoke cigarettes. In 1995, 46 percent of adults in those households reported that there were no self-imposed restrictions on when or where smoking took place. The message needs to get out to those households that the health of their children is at risk.

Endnotes

- ¹ US Dept of Health and Human Services. Respiratory health effects of passive smoking: Lung Cancer and Other Disorders. The Report of the US Environmental Protection Agency. 1993. Publication NIH 93-3605.
- ² Tsimoyianis GV, Jacobson MS, Feldman JG, Antonio-Santiago MT, Clutario BC, et. al. Reduction in pulmonary function and increased frequency of cough associated with passive smoking in teenage athletes. *Pediatrics*. 1987; 80: 32-36.
- ³ Wang FL, Love EJ, Liu N, Dai XD. Childhood and adolescent passive smoking and the risk of female lung cancer. *Int J Epidemiol*. 1994; 23: 223-230.
- ⁴ Klonoff-Cohen HS, Edelstein SL, Lefkowitz ES, et al. The effect of passive smoking and tobacco exposure through breast milk on sudden infant death syndrome. *JAMA*, 1995; 273:795-798.
- ⁵ Siegel M. Involuntary smoking in the restaurant workplace: A review of employee exposure and health effects. *JAMA*. 1993;270:490-493.
- ⁶ Center for Survey Research, University of Massachusetts. Where there's smoke: Second-hand smoke exposure in Massachusetts. 1994.

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